

Arizona Department of Economic Security - Arizona Refugee Resettlement Program (RRP)
Statement of Understanding

As an eligible Refugee Resettlement Program client in Arizona, you are being provided this document in the language for which you have expressed proficiency. Should you identify that you are not literate in this language, the document will be interpreted for you in the identified language of proficiency.

Refugee Medical Assistance

All refugees and other eligible beneficiaries arriving in Arizona have the right to apply for Refugee Medical Assistance (RMA). RMA is a public benefit for those qualifying applicants denied eligibility for the Arizona Health Care Cost Containment System (AHCCCS). RMA can pay for approved, allowable medical costs for a maximum of eight months after arrival in the United States or grant of qualifying status. While RMA is only available for a maximum of eight consecutive months, the coverage is comparable to that provided by AHCCCS.

RMA also pays for the coordination of the Domestic Medical Examination for Newly Arrived Refugees (DME) through its constituent program, Refugee Medical Screening (RMS).

The Resettlement Agency that sponsored you submits an RMA and/or RMS application on your behalf. The Arizona Refugee Resettlement Program (RRP) determines eligibility for RMA and/or RMS. Should you be approved for full RMA benefits, you will receive a Refugee Medical Assistance Card indicating the level of your coverage.

You have the following rights and responsibilities as an RMA applicant:

- The right to have your RMA eligibility determined within 30 days from date of signed application.
- The right to a fair hearing should you be dissatisfied with the decision made regarding your eligibility.
- The right to receive the services for which you qualify pursuant to Federal and state regulations and dependent upon the availability of services and fiscal limitations.
- The responsibility to report fully all circumstances affecting this application and to report to your case manager within five days of any changes in your circumstances that will affect your eligibility.
- The responsibility to cooperate in current and subsequent agency efforts to establish your eligibility. You agree to a full investigation of my eligibility, including inquiries to employers, doctors, and other business and professional persons and review of other agency records.

You are currently receiving Refugee Resettlement Services from: _____

I _____, (check desired option below) RRP to contact the agency I am receiving Refugee Resettlement Services from to coordinate services.

☐ Authorize

☐ Do not authorize

I _____, (check desired option below) RRP to send my contact, biographical information, eligibility documentation , and the contact/biographical/ eligibility documentation information of any dependents listed in the applications section below, to the DME provider operating in my County, through the Arizona Refugee Resettlement Program Online Data System (ARRPODS), to facilitate the completion of my DME. You have the right to decline such transfers of your personal data being made on your behalf by RRP, and screening referral may take place though other physical processes.

☐ Authorize

☐ Do not authorize

APPLICATIONS SUBMITTED

I (Witness/Case Manager) _____, have assessed the case and confirm that I have submitted the proper RMA application into the ARRPODS on the applicant(s) behalf.

Name(s) of RMA Applicants

Refugee Resettlement Program Case Management and Employment Services

As part of your service delivery process, the Arizona Refugee Resettlement Program (RRP) or any RRP contracted service provider you receive services from may make referrals to other service providers funded by RRP to prove client eligible status and facilitate your enrollment into services. RRP or its contracted providers will make these referrals through the Arizona Refugee Resettlement Program Online Data System (ARRPODS). Information shared includes contact, biographical information, eligibility documentation and a client photograph. Additionally, RRP or any RRP contracted service provider may send specific case details to other RRP service providers who may be able to assist in the completion of specific task via a collaboration request in ARRPODS. Individual task will only be shared when you grant permission through verbal consent. Your case worker must present you with information on the task that is being shared and information on who it is being shared with when they request authorization. You have the right to decline such transfers of your personal data being made on your behalf by RRP or its contracted service providers, and enrollment, or collaboration efforts, may take place through other physical processes.

- 1) I _____, (check desired option below) RRP, or any RRP contracted provider whom I receive services from, to send my contact, biographical information, eligibility documentation, and the contact/biographical/ eligibility documentation information of any dependents listed below through the ARRPODS, to facilitate my enrollment into RRP funded case management and/or employment services when I request services provided by another RRP contractor.
☐ Authorize
☐ Do not authorize
- 2) I _____, (check desired option below) RRP to send my photograph and the photographs of any dependents listed below, to RRP funded services, through ARRPODS. Photographs shall only be used to aid RRP funded providers in client identification.
☐ Authorize
☐ Do not authorize
- 3) I _____, (check desired option below) RRP and RRP contractors to send specific case details to RRP service providers who may assist in the completion of my or my dependents task via a collaboration request in ARRPODS when I grant verbal consent. If the receiving contractor does not already possess the biographical information described in the in option one a collaboration request will send of the data listed in point one as well as the task level data described in this point.
☐ Authorize
☐ Do not authorize

Name(s) of Dependents

Signatures/Certification

I certify that I am a refugee or other eligible beneficiary admitted to the United States under the Refugee Act of 1980, requesting services from RRP and that the information provided on this form is correct to the best of my knowledge.

APPLICANT SIGNATURE _____ **DATE:** _____

GUARDIAN/AUTHORIZED REPRESENTATIVE _____ **DATE:** _____

RELATIONSHIP TO MINOR CLIENT _____

INTERPRETER SIGNATURE _____ **DATE:** _____

(If interpretation was declined, please enter “N/A” above)

INTERPRETER DECLINED (Client to sign here) _____ **DATE:** _____